

# **Access to infant formula for babies living in food poverty in the UK.**

**An investigation of the role of food  
and baby banks.**

**Feed Inquiry: Published May 2022**



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**Conflict of Interest Statement**

Feed is an independent Scottish Charitable Incorporated Organisation (No 050164). Members and trustees of Feed have no conflict of interest, real or perceived, with any company or organisation that directly or indirectly profits from infant feeding.

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## Executive Summary and Recommendations

Food poverty and food insecurity is a major public health concern in Scotland<sup>1</sup>. COVID-19 has exacerbated previously existing inequalities leading to an escalation in food poverty<sup>2</sup>. For children this can be particularly devastating as experiencing childhood poverty has serious long-term effects including reduced life expectancy, poorer health and educational outcomes<sup>3</sup>.

The aim of the present inquiry was to gather information on the accessibility of first infant formula for those experiencing food poverty or insecurity, and to look at some of the factors that influence that accessibility.

We received 172 responses from members of the public, families who have sought help in getting infant formula for their infants, and from staff and volunteers and health and social care professionals who work in partnership with, or refer families to, third sector support organisations.

The overwhelming majority of respondents (91.3%) recognise the essential role food and baby banks play in providing formula for formula fed babies experiencing food poverty.

In addition, we identified a number of key themes that we explore further:

- Babies have a right to be fed. Parents and carers of young infants living in poverty deserve agency and autonomy. If a mother has the means and access, she can choose formula for her baby with no interference or oversight; those without funds deserve equality without discrimination.
- Current UNICEF UK guidelines on the provision of formula to formula fed babies by food and baby banks<sup>4</sup> are creating barriers to access. This is causing problems at multiple levels: families face delays in getting formula for their babies, relationships between health care providers and third sector organisations are put under strain and healthcare providers are prevented from accessing support for the babies in their care.
- Safety concerns around formula provision focus on the risk of not providing formula. In contrast to the concerns of UNICEF UK who recommend against direct provision to formula fed babies in need, respondents to the present inquiry expressed concern about not providing formula. The risk of not being fed is much more significant a concern than any perceived risk of provision.
- There are a wealth of initiatives to maximise formula provision pathways already in place. With a co-ordinated, joined up approach, these could be developed or widened to expand access of formula to formula fed babies in food poverty across the UK.

More must be done to tackle the issue of access to formula, and the wider issues of poverty. Current initiatives, and innovative ideas offer potential solutions to the problem but ultimately it will require working together. Combining the efforts of the NHS, social services, government and third sector organisations is required to improve the support of infants in poverty.

## Recommendations

### Recommendation One:

**Organisations who support families living in food poverty should implement initiatives that maximise safe pathways of infant formula provision for formula fed babies living in food poverty.**

It is clear from the responses to the present inquiry that infant formula is being distributed from food and baby banks to formula fed babies in need, and that due to critical need this practice will continue. In order for this to be done safely, and in a way which respects agency and autonomy of families, health, social care and third sector organisations must work together to develop adequate formula provision pathways.

- We recommend a pilot scheme of free formula provision be implemented in Scotland, drawing on the existing knowledge and experience of third sector organisations who are currently providing formula.
- Free formula provision at local pharmacies could be a viable option as it would remove the reliance on food and baby banks for infant formula, ensure the infant receives the formula they are currently on and would have a degree of oversight from a pharmacist. We do caution that should this be implemented it is important to recognise the agency of a parent accessing free infant formula. People living in poverty have the same right to choice and autonomy than those with the means to pay.
- A set of professional standards for safe formula provision to which food and baby banks can choose to adhere, and which would satisfy health and social care workers, should be agreed among stakeholders.

### Recommendation Two:

**Public bodies, in particular health and social care providers, must fully assess the policies and guidelines they choose to adopt to ensure they meet the needs of the families they care for.**

It was clear from the responses to the present inquiry that the current guidelines on formula provision at food and baby banks – namely the UNICEF UK guidelines that recommend against direct provision – have had a detrimental impact at multiple levels. That these guidelines have been widely adopted in their original form by Health Boards across the UK and used as a tool to prevent third sector organisations from providing food to formula fed babies in a safe and efficient way is extremely concerning.

Thus, we strongly recommend that health and social care providers do not fetter their discretion by the application of policies which may result in external bodies dictating their judgement as to what is allowed in terms of formula provision to formula fed babies in food poverty. Where merited, public health and social care organisations must consider deviating from the UNICEF UK guidelines to meet the needs of infants under their care.

### **Recommendation Three:**

#### **Implement the recommendations made in our report on The Provision of Infant Formula at Foodbanks in the UK, published in December 2020.**

In our previous report we made a number of recommendations in order to improve access to formula for formula fed babies in food poverty. We reiterate those recommendations below:

- The government must take immediate action to clarify the current law on the provision of infant formula at food and baby banks.
- Food and baby banks and other such services should accept and provide First Infant Formula to parents and carers of formula fed babies up to one year of age.
- The Government must take immediate action to remove current barriers to formula access.
- The government must continue to invest in longer term solutions to child food poverty.
- Guidance should allow for safe direct provision of first infant formula for formula fed babies in need and ensure equity of access for all

## Introduction

Food poverty and food insecurity is a major public health concern in Scotland<sup>1</sup>. The COVID-19 pandemic has exacerbated previously existing inequalities leading to an escalation in food poverty<sup>2</sup>. Poverty is particularly devastating for children, because experiencing childhood poverty has serious long-term effects, including reduced life expectancy, poor health and poor educational outcomes<sup>3</sup>. The Nuffield Foundation have recently published research demonstrating a steep rise in childhood poverty, with families with children under the age of five being especially affected<sup>5</sup>. Their research has found that more than one in three (36%) children in families with a child under five in the UK are living in poverty, amounting to 2.2 million children. For children in families with three or more children, this figure rises to more than half (52%)<sup>5</sup>. Families with no recourse to public Funds (NRPF) are particularly at risk; a recent report commissioned by Citizens Advice found that 18% of people with NRPF were unable to feed themselves or their household<sup>6</sup>. Just over 1 in 10 parents with NRPF have had to use a foodbank and as children with NRPF are not eligible for free school meals, they can go hungry for long periods of time<sup>6</sup>.

The cost of infant formula can have a significant impact on family finances, particularly for families on low incomes. In 2018, the All Party Parliamentary Group for Infant Feeding and Inequalities (APPGIFI) found that families who cannot afford infant formula may resort to unsafe infant feeding practices, such as watering down formula, or feeding unsuitable foods to young infants<sup>7</sup>.

In December 2020, Feed published a comprehensive report<sup>8</sup> reviewing the current routes of provision of infant formula for formula fed babies living in food poverty, with a focus on the role of food and baby banks. The report examined the need for formula provision at food and baby banks as well as the current barriers to formula provision, and it made recommendations on how to overcome these barriers.

The 2020 Feed report<sup>8</sup> highlighted the inequity of access to infant formula faced by some demographics; women living with HIV are advised to formula feed, yet are more likely to experience poverty<sup>9</sup> and families with no recourse to public funds are disproportionately affected by food poverty<sup>10</sup>. Current official routes of support and provision, including formula provision through local authorities, and support from the benefits system are insufficient. These findings echo those of APPGIFI in 2018 whose inquiry found that vulnerable families were at particular risk of hardship and that the Healthy Start Scheme, designed to support families with young infants, was insufficient<sup>7</sup>. Thus, while we work towards broader, long-term solutions for families experiencing food poverty, there is an urgent need to maximise routes of immediate formula provision for families with formula fed infants.

Food and baby banks are suitably placed to support families with young infants living in food poverty. Despite increasing food poverty, and clear evidence of the need to support families living in food poverty with provision of infant formula, UNICEF UK continue to advise against the direct provision of infant formula to formula fed babies at food and baby banks<sup>4</sup>. Instead, they recommend provision pathways that have been found to be wholly inadequate<sup>4,11</sup>.

Feed thus launched the present inquiry to gather information on the accessibility of first infant formula for those experiencing food poverty or insecurity, and to look at some of the factors that influence that accessibility. We particularly wanted to hear from families with lived experience of formula poverty and the experts on the ground who are helping them; this includes health visitors, social workers, food and baby bank volunteers and staff in other third sector organisations.

At Feed we believe that guidance on infant formula provision should be fit for purpose and meet the needs of those for whom it is intended to support. It should include consultation of key stakeholders, including service providers, service users and family support organisations. The present inquiry ensures we live up to our responsibility as an independent infant feeding charity by giving a voice to those who are directly impacted by formula poverty.

## Aim of the inquiry

The aim of the present inquiry was to gather information on the accessibility of first infant formula for those experiencing food poverty or insecurity, and to look at some of the factors that influence that accessibility. We wanted to hear from families who have sought help in getting infant formula for their infants, and from staff and volunteers and health and social care professionals who work in partnership with, or refer families to, third sector support organisations.

Our focus was on the ability of families facing food insecurity to access infant formula milk and the impact of this on the health, well-being and finances of formula feeding families. By gathering this information, we aimed to gain a deeper understanding of

- the lived experience of families in formula poverty
- the barriers in accessing formula faced by those living in formula poverty
- how professionals are currently able to support families living in food poverty to access infant formula
- the role of food and baby banks and the services they provide to those living in formula poverty
- How to develop a solutions-based response to the issue of formula poverty



## Methods

### Data Collection

Two questionnaires were developed; one aimed at members of the public who have or have not used a food or baby bank, and one for volunteers and staff working in a role supporting families in crisis (Appendix 1). The questions were formulated by the research team, comprising 4 members, to determine demographics, beliefs, and experiences of responders with regards to the direct provision of infant formula by food and baby banks to formula fed infants living in food poverty. The questionnaires were presented as an online form on the Feed website ([www.feeduk.org](http://www.feeduk.org)) and links were shared via our social media channels, and via email to organisations who support families in poverty where their contact details were publicly available. These included baby banks, food banks, women's shelters and charities for the support of refugees and asylum seekers. Paper copies of the questionnaire were available on request.

On the basis that Feed is a third sector organisation, ethical approval was not formally sought from an Academic Research Committee. The inquiry was developed and conducted in accordance with The Third Sector Research Forum's<sup>12</sup> ethical research principles to ensure integrity of the research, accountability of our organisation to the participants and wider community, confidentiality and anonymity of the data, and safety and wellbeing of participants and researchers.

A Participant Information Guide explained the aims of the survey and offered information to participants on data protection and the right to withdraw their submission (Appendix 2). The questionnaires were available for four weeks and each submission was received via a secure email address created specifically for inquiry responses, and to which only three researchers had access as per our data protection procedures. Four participants requested paper copies of the questionnaire; following completion these were placed into a sealed envelope and collected by a member of the research team, who transcribed the answers to our secure database after which the paper copies were destroyed.

On completion of the inquiry, all data gathered from the responses were compiled in a secure central database and anonymised prior to analysis. All identifying information was redacted.

### Data Analysis

Quantitative analysis was completed using Excel version 16. Where verbal responses were quantified, responses were coded and double checked by a second researcher prior to analysis. Qualitative analysis was undertaken by the research team using framework analysis<sup>13</sup> as a guide.

## Framework Analysis

### *Stage one: Familiarisation*

Redacted responses were distributed to the research group. Each researcher independently reviewed all responses and identified potential themes for discussion. Following independent review, researchers participated in two familiarisation meetings where the key themes arising from inquiry responses were identified.

### *Stage two: Identifying a theoretical framework*

Each theme was described and the parameters for inclusion of responses into each theme were set. Areas of overlap between were highlighted as areas of possible contention. This theoretical framework was reviewed and edited following discussion between the research team to ensure robustness.

### *Stage three: Indexing*

Each researcher was assigned two key themes. All responses were re-reviewed and data that met the inclusion for each theme was identified and recorded.

### *Stage four: Charting*

All data indexed were reviewed against the theoretical framework to ensure they met the parameters of inclusion. The framework team finalised the theme headings and pulled evidence to support the themes.

### *Stage five: Mapping and interpretation*

Two researchers took the data forward in a further meeting to discuss and map out the narrative of the data and possible implications for the results. The aim of the inquiry; to obtain the opinion of the general public and professional bodies, in particular those who have direct experience of food and baby banks, with regards to formula poverty, was referred back to.

## Results

### Demographics of responders

In total, 172 responses were received from members of the public who have or have not used a food or baby bank, and from volunteers and staff working in a role supporting families in crisis. Of those, responses were received from 45 individuals who had previously used a food or baby bank (Service Users), 70 individuals who had not previously used a baby bank (Non-Service Users) and 57 individuals who work in a voluntary or professional role from a variety of organisations involved in the support and care of families in crisis responded (Professionals). The roles of responders defined as Professionals are as shown in Table 1. Professionals responded as individuals (40) and on behalf of their organisations (17).

**Table 1. Breakdown of professional roles of responders working in organisations that support families in crisis.**

<b>Profession</b>	<b>Number</b>
Baby bank staff	17
Social Worker	12
Third sector/charity staff	11
Food bank staff	8
NHS Health Visitor	5
NHS Nurse	1
NHS/Local Authority	1
NHS Midwife	1
Local Authority staff	1
<b>TOTAL</b>	<b>57</b>

Responses were received from Scotland (n = 145), England (n = 21), Northern Ireland (n = 3), and Wales (n = 1), covering 101 different UK post code areas. Two responses were from unknown areas.

### **Foodbanks are essential to support families in food poverty**

The questionnaire asked responders to state their opinion as to the extent that they believe food and baby banks were required to support families living in food poverty. The question was answered by 147 people and 146 (99.3%) stated that they were essential to support families living in food poverty.

**Table 2: Statement of belief as to the requirement for food and baby banks in supporting families living in food poverty. Responses (n = 147) are shown by group; Service Users, Non-Service Users and Professionals.**

	<b>Service Users</b>	<b>Non-Service Users</b>	<b>Professional</b>	<b>Total</b>
<b>Essential</b>	33	66	47	146 (99.3%)
<b>Not essential</b>	0	1	0	1 (0.7%)
<b>Unsure</b>	0	0	0	0 (0.0%)

Only 1 person stated that food and baby banks were not essential for this purpose (0.7%); this person said they had never used a food or baby bank.

### **Foodbanks are essential for the provision of infant formula**

The questionnaire asked responders to state their opinion as to the extent that food and baby banks were required to support families living in food poverty specifically for the provision of infant formula. The question was answered by 138 people and 126 (91.3%) stated that they were essential to support families living in food poverty in accessing formula.

**Table 3: Statement of belief as to the requirement for food and baby banks for supporting families living in food poverty with specific reference to provision of infant formula. Responses (n = 138) are shown by group; Service Users, Non-Service Users and Professionals.**

	Service Users	Non-Service Users	Professional	Total
<b>Essential</b>	28	61	37	126 (91.3%)
<b>Not essential</b>	0	1	3	4 (2.9%)
<b>Unsure</b>	1	3	4	8 (5.8%)

Only 3 professionals - two food/baby bank staff members and one NHS health worker – and 1 non-service user indicated that food and baby banks were not essential for the provision of formula.

### **Eight key themes identified by the framework analysis**

1. Infants have the right to be fed
2. When parents can't provide for their children, parental mental health suffers
3. Poverty
4. Safety and risk
5. Access to resources verses knowledge of methods
6. Is policy a barrier or a solution?
7. Is there a right and a wrong feeding choice?
8. Current best practice and professional standards

If a family is struggling to safely prepare formula this is a concern and should be raised with health care professionals and social services in order that education around safe preparation and an appropriate home environment can be established. In the interim the foodbank could offer ready- made formula and sterilising tablets which would be in keeping with World Health Organisation guidelines<sup>33</sup>.

It should be noted that there is no requirement for a supermarket or other retail outlet to ensure that a consumer has the ability and knowledge of safe infant formula preparation and so it is not clear how monetary provision would adequately circumvent this concern.

#### **Theme 1: Infants have the right to be fed**

That babies have a right to food was a strong theme identified in our analysis and was cited by 27% of service users, 25% of non-service users and 10% of professionals. Of the professional responders who referenced a babies right to food, 50 % were social workers, 40% food bank or baby bank staff and 10% worked for a local authority. No health care professional mentioned the right to food.

“All children deserve to be fed including infants requiring formula”

Annabel, Non-Service User, Scotland

“All babies deserve to be properly fed”

Molly, Non-Service User, Scotland

“They should be able to access formula to feed their babies from food banks the same way they can provide for older children. It’s unfair.”

Belle, Service User, Scotland.

“My experience as a professional has been that food and baby banks have always supported families living in food poverty from new-born to old age. By not providing infant formula it means that food banks are no longer inclusive of supporting all ages. Babies cannot have other food sources, therefore infant formula for many is there one and only food item that provides the nutrition that they need.”

Ruth, Youth Worker, Scotland

Alongside the theme that babies deserve to be fed, the idea of an infants’ innocence featured; as babies don’t choose to be born into poverty the implication was that *‘it’s not their fault’* so they deserve to be fed. No professionals referenced innocence either directly or indirectly, while 13% of the service users and 4% of non-service users referenced this in some way.

“Babies should never need to go hungry due to unfortunate family circumstances”

Catherine, Non-Service User, Scotland.

“Little babies come into this world and they deserve to be fed the correct formula...they deserve the same as what everyone else has”

Rhona, Non-Service User, Scotland.

“It’s very important for a child to have food regardless of the situation”

Emma, Non-Service User, Scotland.

“Stop punishing children for the circumstances they’re born into”

Iona, Service User, Scotland.

“Infants don't asked to be born they can't speak for themselves...as a society we make sure every infant is fed full stop.”

Lilly, Baby Bank CEO, Scotland.

## **Theme 2: When parents can't provide for their children, parental mental health suffers**

The emotional and mental impact of being unable to provide for your baby was highlighted by 18% of professionals, with over half of these responses coming from baby bank staff. Service users (13%) reported a negative emotional impact of being unable to feed their babies: some described it in the third person, not directly related to their personal experience. Non-service users (9%) also talked about the emotional strain of not being able to provide for a child.

“There is nothing worse than the feeling of failure when you can't provide for your baby.”

Lorna, Service User, Scotland.

“I know family members who have [STRUGGLED TO GET FORMULA] and they have been passed from pillar to post and this has negatively impacted their mental health.”

Lorraine, Service User, Scotland.

“...to have to tell a family that food can be provided for them and their other children but not their formula fed baby is beyond belief. It is in - humane, cruel and incomprehensible and cause an incredible amount of stress, anxiety and panic in parents seeking food for their babies.”

Gemma, Baby Bank CEO, Scotland.

and in an extreme case:

“Hearing a Mum cry down the phone to you because she can't get milk for her baby is the most awful sound. She couldn't access it because UNICEF guidelines were being used at her local food bank so she phoned us in the hope we didn't follow the same 'rules'. She was told by the food bank it was illegal for them to give her it. Luckily, she had a family nurse who was willing to speak to us. We got the milk to her in less than an hour. She phoned back and was so relieved. Imagine being told it was illegal to feed your baby.”

Kate, Baby Bank CEO, Scotland.

### Theme 3: Poverty

The theme of poverty featured strongly throughout the responses; directly referenced using words such as 'poor' and 'poverty', or indirectly by discussing 'low income', 'struggling', or 'reliant on systems' to survive. Half of the responses from service users directly referenced poverty in one or more of their answers. Of the non-service users, 20% made direct reference to poverty as did 42% of the professionals. Of the professionals who referenced poverty, 48% were food and baby bank workers, 27% work in other third sector organisations, 25% are social workers, and 29% health care workers.

#### *Living in poverty*

Overall, there was strong representation from those currently living in poverty, or those who had good working knowledge of what it was like to live in poverty.

“...we are on a very low income and I don't remember the last time we ate a proper meal that's not from a tin.”

David, Service User, Scotland.

“Many families have to make difficult financial decisions on a weekly basis, such as prioritising household bills.”

Ruth, Youth Worker, Scotland.

“Every work day I have we come across a mum struggling to feed, warm and clothe her child(ren), or a family who have NRPF (no recourse to public funds), or a family in so much debt that they can never afford to buy a new coat for everyone, families who avoid discussing Christmas because it feels like another failure, or families with sick children who are exhausted from worry. All due to financial reasons at the core. You know what - most of those people just want to do right for their child(ren) and give them the best start they can. Many, many feel like that is an impossible task.”

Leanne, Third Sector Organisation, Scotland.

People describe living in poverty using a variety of references including job loss (exacerbated during the COVID pandemic), zero hours contracts, minimum wage and having No Recourse To Public Funds (NRTPF).

“My husband and I had a massive change in circumstances when I was around 6 months pregnant with twins. We'd just signed a lease to a new house and we went from being relatively 'comfortable' with our income to having nothing all within 2 days (my temporary but long-running contract at work which I was promised would be made permanent was cut short when I told them I was pregnant and the [REDACTED] that my husband managed closed with zero notice. If it wasn't for family I can honestly say there was a point where we wouldn't have eaten until we had applied and received everything we were entitled to.”

Pam, Non-Service User, Scotland.

“So many of the families we work with need extra support with food poverty, particularly during covid and particularly for families who have NRTPF.”

Rebecca, Social Worker, Scotland.

“...additional expenses during Covid highlighted the reliance some families place on food banks, due to low income and in work poverty.”

Sophie, Third Sector Support Worker, Scotland.

“In all this time I have struggled the most financially when I have earned a moderately good wage but have paid rent, council tax, bills car etc, had a newborn and a child at secondary school. The more you earn, the more you pay and the less you get for your children. My point is that it is not only people on benefits that are in poverty. Many working poor have less disposable income and without getting into debt have no choice. There is such a bigger issue here...”

Helen, Third Sector Organisation Development Worker, Scotland.

“We only see the tip of the iceberg too and need to reach out to the working poor who are typically not as visible to us since they're not working with social services.”

Paula, Baby Bank Volunteer, Scotland.



“We have had many families contact us when they are desperate. No money, no means to buy formula. We have supported a very sad refugee family who arrived with the items they stood up in. Mum gave birth and through her own personal trauma could not breastfeed. They had no money to buy anything, their minimal amount of money could not provide heating of food for them. Their baby would have starved.”

Diane, Baby Bank CEO, England.

One participant described poverty resulting from domestic violence:

“I really struggled financially when I left my partner because of DV (Domestic Violence) and was on basic maternity pay and I didn’t get help with any benefits.”

Lorna, Service User, Scotland.

#### *Formula poverty*

Formula poverty presented as a strong theme across the responses to our inquiry, with service users (20%), non-service users (16%) and professionals (13%) directly stating that formula is expensive.

“Babies drink a lot of milk and formula is so expensive, it’s not easy enough to say just breastfeed as it’s free, it’s not easy and does not work for everyone.”

Lucy, Service User, Unknown Location.

“Formula is extremely expensive. Even to someone on a high income.”

Maggie, Non-Service User, Scotland.

“...formula can be very expensive - £10 every 5 days in my case for the first year.”

Jennifer, Non-Service User, England.

References to the expense of infant formula were made by 43% baby bank staff responders, 14% of food bank staff responders and 43% of responders who worked in another third sector organisation. No healthcare worker referenced the cost of formula in their response.

“We are no longer able to provide baby formula but when we did and could it was always one of the items that was most in demand. Most parents needed it as they found it to be so expensive to buy.”

Leanne, Third Sector Organisation, Scotland.

“Having no money will mean no formula for baby. It’s expensive. Companies should be ashamed.”

Carol, Food Bank Manager, Scotland.

“The cost of formula for some families is astronomical and without use of baby banks providing formula, families may skip meals for their baby or go without themselves”.

Chloe, Third Sector Organisation Service Manager, Scotland.

### *The benefits system*

Many responders commented on the challenges they faced when trying to navigate the benefits system. The benefits system, Healthy Start or Sure Start were mentioned directly by 24% of service users, 17% of non-service users and 12% of professionals. Of the professionals who responded, 16% of food and baby bank staff, 18 % of third sector organisation staff and 14% of the health care workers who responded mentioned the benefits system.

It takes too long to receive benefits following an application:

“I have recently applied to universal credit due to losing my job in the pandemic and have had to use food banks to feed myself due to the amount of time it is taking to receive my benefits.”

Lorraine, Service User, Scotland.

“I wasn’t granted my baby Sure Start until my daughter was 3.5 months old. I couldn’t afford more debt.....I’m just one person. ”

Jasmin, Service User, Scotland.

“I had no support when I was waiting for the results of my benefits claim”

Belle, Service User, Scotland.

Benefits don't cover the basic living costs:

"We applied for everything and I mean EVERYTHING we could, but we soon discovered that if you haven't been in the benefits system for long enough you weren't entitled to very much. We applied for emergency grants and loans through our local council and they advised you had to be claiming benefits for 6 months before we would be eligible - sorry, but my emergency was there and then, I couldn't predict we were going to be left in that situation."

Pam, Non-Service User, Scotland.

"We see many families who are not entitled to benefits for their third child, and many for whom the benefits they receive do not cover their outgoings."

Susan, Food Bank Volunteer, Scotland

"Families on Universal Credit often tell us that they simply cannot afford to buy new coats and shoes for their children as well as food and nappies."

Mary, Baby Bank Volunteer, England.

One participant expressed their gratitude on receipt of benefits:

"We were very grateful for all the help. We got our baby grant."

Lucy, Service User, Unknown Location.

#### **Theme 4: Safety and risk**

A common concern with regards to provision of infant formula to formula fed babies in food poverty is one of safety, and this theme was consistently expressed throughout the responses. Risk was discussed by responders in the context of maternal, family and infant health and wellbeing. Risk or safety concerns were referenced directly by 18% of professionals, 6% of non- service users. No service users directly referenced risk, and only 2% directly referenced safety concerns.

##### *Risk of providing formula*

In the present inquiry, the concept of risk associated with the direct provision of infant formula by food and baby banks was mentioned by 1% of responders; one local authority worker and one foodbank staff member.

“Volunteers do not have the knowledge or professional expertise to dispense formula via a foodbank for emergency supply..... You need professional judgement to only provide first milk. Foodbank volunteers do not have that expertise. Formula cannot be distributed through food banks due to the complexity of these families. This is too much of a risk for the volunteers and an unsafe supply of formula for these vulnerable families”

Karen, Public Health Manager, England.

“We don't give out free formula but instead signpost back to health services where parents can be helped. This means they also get the support they need to make sure they are supported in feeding their baby and more widely in caring for themselves.”

Olivia, Food Bank Volunteer, Wales.

#### *Risk of not providing formula*

Many of the service users, non-service users and professionals either directly stated the risks of not providing formula, or indirectly referenced this theme. When looking at phrases that include words such as risk and health and safety, 2% of service users used these terms, but instead used words such as starve. Professionals were more likely to use the word risk, or else discuss malnutrition. When asked “*To what extent are food and baby banks required in supporting formula feeding families living in food poverty to access infant formula*”, 35% of the professionals who answered, directly or indirectly referenced risk associated with not providing infant formula. All of the social workers who answered this question implied risks for the infant in not providing formula at food banks. No health care professional directly referenced risk of not supplying formula.

“These babies are at high risk of malnutrition and many end up in hospital undernourished.”

Gemma, Baby Bank CEO, Scotland.

“It is important for families to get the right support during these difficult times, it is important for babies to get infant formula so they can grow big and strong and don't end up being malnourished.....”

Rhona, Non-Service User, Scotland.

“To not provide infant milk to families living in food poverty is like they are saying infant formula isn't food. Formula isn't an option, it's essential to ensure babies grow up healthy and well.

Ruth, Youth Worker, Scotland.

One baby bank staff member directly contradicts the idea that food and baby banks are unable to provide formula safely;

“Baby banks and food banks could easily provide the brand and stage required for each baby and its absolutely untrue to say there is a risk to babies of not getting the correct formula as the correct type can be provided. Surely more risk to the baby and the mental health of the parents when they can't feed the baby.”

Gemma, Baby Bank CEO, Scotland.

Another Food Bank staff member confirms provision of formula;

“In my professional role working in a baby food bank we are able to support all families regardless of which type of stage 1 food they need as we have a regular supply of all or we can source it.”

Megan, Baby Bank Volunteer, Scotland.

“[IF VOUCHERS WERE SUPPLIED THEN PARENTS] are able to purchase the brand they normally use and it is down to the parent to ensure this is appropriate for their child. It removes liability around this from the charity, and would be in accordance with UNICEF infant feeding guidance which states particular brands of infant formula can't be endorsed etc”.

Rachel, Health Visitor, Scotland.

No examples were given of infants coming to harm following direct provision of formula from a food or baby bank. However, one Health Visitor suggested that providing vouchers rather than formula would alleviate organisations of any responsibility and put it back on the parent.

### *Breaking the rules*

Responses to the inquiry show that healthcare professionals and food and baby banks staff and volunteers work together to provide infant formula to families living in food poverty, despite prohibition. Indeed, 28% of baby and food bank staff and volunteers said they directly provide formula to healthcare professionals who request it for the families in their care. These responses cover five health boards; four who have policies or guidelines that

explicitly prohibit healthcare workers from referring families to food and baby banks for infant formula provision, and one who's position on referrals for formula is unknown. All healthcare providers (Health Visitors, Midwives, Nurses) who responded to the survey stated that food and baby banks have an important role providing formula to formula fed infants in food poverty.

One NHS health care worker based in Northern Ireland stated that they referred families directly to food banks for formula provision. All other NHS workers who responded are based in health boards that prohibit referral of families living in food poverty to food and baby banks for infant formula. All Health Visitors who responded, indicated that they either "signposted" families to food and baby banks themselves for infant formula, or they referred them to another third sector organisation that they knew could refer onto a food bank for direct formula provision. Twelve percent of baby bank volunteers and staff acknowledged that healthcare professionals, including NHS Health Visitors, were not supposed to use their facilities to access formula, but that they had done so in the past when needed to support the families in their care.

"Though NHS management don't allow us to put out formula, a couple of health visitors or midwives have asked us and we have provided formula."

Paul, Baby Bank CEO, Scotland.

"If families nurses and Heath Visitors had the ability to help with applications to food/baby banks for formula this may help."

Harriet, NHS Nurse, Scotland.

"They must change this system as it puts barriers up for families and the children suffer."

Kelly, Health Visitor, Scotland.

The Trussell Trust policy on provision of infant formula across its extensive food bank network is based on the UNICEF UK guidelines; they recommend against the direct provision of infant formula to formula fed infants living in food poverty. Nonetheless, 50% of the food bank staff who responded to the inquiry, indicating that they worked or volunteered at a Trussell Trust food bank, stated that they do directly provide first infant formula for formula fed babies.

### *Difficult choices*

The theme of 'making difficult choices' was distributed throughout the responses. Indeed, 4% of service users, 6% of non-service users and 18% of professionals referenced the difficult decisions parents living in poverty had to make with regards to providing for their families.

Should I heat the house or feed the baby?

“Being left with a decision of feeding your baby or putting electricity into your home isn’t a decision anyone should have to make.”

Fiona, Service User, Scotland.

“We are often the last resort for families. Formula is expensive and for families in such poverty can be unaffordable and the difference between feeding themselves or their baby, or the choice between heating their home.”

Nicola, Baby Bank Manager, Scotland.

Who should I feed and who can go without?

“...the Healthy Start vouchers only supply parents with one and a half tubs a month, also most parents have older children have to make a choice over whether to feed older children or buy formula”

Molly, Non-Service User, Scotland.

“...We have heard heartbreaking stories of mothers watering down milk to make it last longer, or parents simply not eating in order to buy their baby a tin of formula milk - this is simply unacceptable in modern Britain.”

Gillian, Baby Bank Worker, Scotland.

There were comments from all groups regarding the importance of babies getting the right nutrition to ensure health through sufficient provision of formula milk for those who need it. Unsafe feeding practices were directly referenced by 11% of professionals, 9% of service users and 7% of non-service users. They wrote of situations where this had happened that included families watering down formula, limiting formula intake and early weaning.

“ ...the cost of milk has gone up but the vouchers you get hasn’t so there is a shortfall of almost 1/3 which some mothers can’t afford and end up resorting to watering it down to last the month”

Cheryl, Service User, Scotland.

“...we find this especially challenging [non provision of formula due to UNICEF guidelines] especially when we know a mum is watering down formula or accessing it on the ‘black market’. This makes the UNICEF guidelines dangerous and unhelpful to families living in poverty - they could be starving a baby living ten minutes from me as I write this.”

Kate, Baby Bank CEO, Scotland.

“We have supported families who have been unable to afford formula and who have fed their young babies cow’s milk, watered down formula and begun weaning before 6 months so they can feed their baby something”

Sarah, Baby Bank Trustee, England.

“We have had to not put our baby's milk up as we would not have enough.”

David, Service User, Scotland.

Responders described their concern for families having to resort to potentially risky behaviours in order to secure milk and writing to formula companies in desperation.

“I work with two males who are regular shop lifters and steal things they can easily sell on. They tend to steal coffee and baby formula, suggesting to me that some families are having to rely on buying stolen baby milk for cheap and requiring them to maintain connections with chaotic/potentially dangerous drug users in order to do this.”

Natalie, Social Worker, Scotland

“Parents have started to write or call the formula companies to ask for free samples because they are so in need.”

Rebecca, Social Worker, Scotland

### **Theme 5: Access to resources verses knowledge of feeding methods**

Across the responses emerged parallel ideas around knowledge of infant feeding and access to services or support, particularly in relation to barriers in accessing infant formula. There were discussions as to where the infant feeding advice / education was coming from and who is most appropriate to provide that information.



### *Families' knowledge of services available to them*

In total 5% of all responses referenced lack of knowledge of services as a barrier to accessing support, either directly or indirectly. Not everyone has the same resources and not everyone will know what services are available for them to access. Of the professionals who responded, 7% cited lack of knowledge of available services as a barrier to access, compared to 4% of service users and 3% of non-service users.

“The stigma attached to how babies are fed is a massive barrier, as is the lack of knowledge and embarrassment of the need for such services such as food banks”

Georgie, Non-Service User, Scotland

"Knowing who to ask for help [is a barrier]"

Poppy, Service User, Scotland

“Some families don't know how to access help, or even have access to the internet or wifi to be able to set claims up.”

Sophie, Third Sector Support Worker, Scotland

“We offer a food plan for families for 4 weeks and up to 12 weeks - the formula is included in the food parcel which is delivered with any other items for the baby. This is delivered to the home each week which allows families to be spared the indignity of going to a baby/foodbank. We actively encourage access when a referral to the baby bank is made. We have long been aware of barriers around families accessing foodbanks “

Wendy, Food Bank Volunteer, England

### *Knowledge and education about infant feeding*

No service users directly mentioned a lack of knowledge regarding infant feeding methods whereas 12% professionals commented directly or indirectly about a lack of knowledge of formula feeding.

Eleven percent of non-service users described lack of knowledge as a barrier to accessing support. Namely, they suggested that service users may not be aware of what support is available to them, such as government support like benefits or third sector support like food and baby banks. They also suggested that healthcare providers lack the required knowledge to support formula feeding families which will also be a barrier.

*Knowledge of formula feeding by food and baby banks staff and volunteers*

One baby bank staff member who responded felt that their knowledge wasn't sufficient to support formula feeding families. The remaining baby bank staff who responded (94%) either did not directly comment on their own knowledge of formula feeding, or stated that they had adequate understanding and knowledge to support formula feeding families.

“We don't give out free formula but instead signpost back to health services where parents can be helped. This means they also get the support they need to make sure they are supported in feeding their baby and more widely in caring for themselves.”

Olivia, Food Bank Volunteer, Wales.

“We provide formula to families requesting it. We provide an adequate supply and inform the family health visitor and our UNICEF contact of the family that has needed the formula”

Yasmin, Baby Bank Volunteer, Scotland.

“Local authorities who want to gain and keep their 'Baby Friendly status' are actively discouraged from any engagement with formula feeding. [REDACTED] BABYBANK and the local antenatal team work hand in hand to provide antenatal classes for young or vulnerable parents in [REDACTED]. We are often the agency who needs to teach families about safe feeding and using formula if they cannot breastfeed. We also find that families do not know they can transition to regular cows milk at 12 months and educate parents on this.”

Mary, Baby Bank Volunteer, England.

With regards to the professionals referencing formula feeding knowledge of parents, it was the baby banks who offered families with this extra support if required.

“Many families ask us for help to feed their baby, they may be able to buy 1 tin a week but are using more than that. We have had conversations with parents who have told us they could make it stretch if they used more water. As we know this is not advisable and not safe for baby.”

Diane, Baby Bank CEO, England.

### *Knowledge of formula feeding by families*

One of the 30 service users who had used food banks stated they needed help or education on formula feeding but didn't receive adequate support.

"The information available is almost exclusively geared towards "breast is best" and this seems to be the rhetoric of most health professionals visited by my partner when she was pregnant with our wee boy. We were actively discouraged to proceed with our intention to formula feed him and were often met with abrupt answers to questions we had with regards to formula."

Jimmy, Non-Service User, Scotland

Those who mentioned formula feeding practices demonstrated their knowledge on ideas of safe / unsafe feeding practices.

"I have heard of people putting in extra water to feed babies for longer."

Imogen, Service User, Scotland.

### *Access to formula*

In total, 8% of responders mentioned difficulty in accessing formula as a key issue or a barrier.

"Yes, [we have encountered barriers to accessing infant formula] many times where we have no money to get any or food bank has none left or if we borrow money sometimes the shops have none due to people bulk buying."

David, Service User, Scotland

"Lots of people were buying up formula during lockdown and selling it for crazy prices I could not afford."

Imogen, Service User, Scotland

".. during early lockdown in March, we had run out of formula and had to go to nearly 5 shops just to get as there was none in our usual supermarkets."

Ruby, Non-Service User, Scotland

Service providers were also aware of the challenges of purchasing formula during the pandemic.

“During the pandemic many people chose to bulk-buy formula leaving nothing on the shelves for other families. Due to their situation many didn’t have the means to travel to other supermarkets leaving them and their children destitute.”

Gillian, Baby Bank Worker, Scotland

#### *Knowledge of breastfeeding by food and baby bank staff*

Breastfeeding was not directly asked about in the questionnaire. Despite this, 30% of baby bank volunteers demonstrated they had breastfeeding knowledge or knew where to get help if their service users needed help with breastfeeding. They referenced either signposting to appropriate breastfeeding support services or indeed onsite breastfeeding support in the cases where the baby banks were part of a wider community hub.

“a 17 year old mum who attended our antenatal classes for young parents. [She] was aggressively against breastfeeding during the classes but through engaging with our service was convinced to try once her baby was born. She loved breast feeding so much that was about to become a peer to peer breastfeeding supporter when the pandemic happened.”

Ciara, Food Bank Volunteer , Scotland.

“At [REDACTED] FOODBANK we often refer families to the local breastfeeding service and encourage mothers breastfeed as long as possible. We also provide equipment such as breast-pumps to help support breastfeeding as long as possible.”

Mary, Baby Bank Volunteer, England.

#### *Knowledge of breastfeeding by families*

Service users (15%) either directly or indirectly referenced breastfeeding knowledge. They discussed a lack of support, the difficulties mothers faced in breastfeeding, and the fact that breastfeeding is not an option for everyone. One service user stated a belief that the quality of her breastmilk was substandard.

“I am dual feeding and got a couple of times from local food donations they helped me as I was short on money and I felt my milk was not up to standard and have topped up”

Imogen, Service User, Scotland.

“depriving people of access to formula milk, and therefore depriving a baby of food, is barbaric. If that baby has been formula fed for 4 months for example, the mother may not have the milk available or the knowledge of how to suddenly breast feed her baby”

Martha, Social Worker, Scotland.

“In maternity ward it was assumed I would use formula, I gave birth in East end of Glasgow, considered deprived area. Poor support for breastfeeding and not encouraged at all. This is a public health crisis especially for poorer families.”

Dora, Non-Service User, Scotland.

### **Theme 6: Is policy and guidance a barrier or a solution?**

In total 14% of responders made reference to policy or government as being part of the problem, part of the solution, or both; 16% of professionals, 13% of non-service users and 13% of service users spoke about policy or guidance in this way.

“I don’t think people or the government understand how hard it can be.”

Jasmin, Service User, Scotland.

“..an increasing number of families needing to use it [Food Bank] since Covid hit the U.K. They play an integral role in allowing families to ‘survive’. This shouldn’t be the case but they are essential given the awful situation the government has created for families.”

Alison, Non-Service User, England.

“Too much money being spent on junkies & alcoholics who although have a problem, it is self-inflicted.”

Claire, Non-Service User, England.

“[the current policy demonstrates a] lack of restorative principles! Life is hard enough for lots of our families who just need what are basic essentials to support their babies and their self-esteem.”

Jackie, Social Worker, Scotland.

### *Guidelines for foodbanks as a barrier to accessing infant formula*

Service users (22%), non-service users (17%) and professionals (44%) referenced guidelines relating to the distribution of infant formula as a barrier to accessing food for formula fed babies living in food poverty.

“I am very aware of issues with some foodbanks not offering infant formula due to UNICEF guidance/ WHO code. This is absurd!”

Alison, Non-Service User, England.

“Changing the guidelines of UNICEF would be a start as it would be more accessible for families using food banks.”

Megan, Baby Bank Volunteer, Scotland.

“The guidelines set out by UNICEF are absolutely unacceptable and actually allow the starvation of babies who are formula fed in this country. They provide a huge barrier for NHS staff accessing formula milk for the families they are supporting who are in desperate need of help. It is totally unacceptable to deny one of the most vulnerable groups in our society access to the only food that they need and to totally disregard the wishes, needs and choices of Mothers who feed their babies formula milk.”

Gemma, Baby Bank CEO, Scotland.

“As a health visitor I am unable to refer to food banks for infant formula as it contraindicates the NHS message which promotes breastfeeding.”

Dominique, Health Visitor, Scotland.

“We are regularly asked for this [formula] and deeply frustrated to be prevented from giving it out.”

Isobel, Baby Bank Trustee, England.

“I was denied food for my baby as I was told that food banks are NOT allowed to help to feed my child as he was still on formula only”.

Autumn, Service User, Scotland.

“UNICEF guidelines penalise mothers who can't or are unable or even choose not to breastfeed.”

Cheryl, Service User, Scotland.

### *The privileged few*

A subtheme referencing ‘the privileged few’ making decisions for the masses, with particular reference to current guidelines for food and baby banks was identified. Five percent of professional directly stated that a privileged few holds power over infant feeding education/support yet do not understand the life experiences of the people who are struggling, or who use food and baby banks. Non-service users (3%) mentioned privileged few and none of the service users used this term.

“I think too often the NHS and the health visitors emphasise the importance of breastfeeding without considering that not all mums have the financial means to do this.”

Jennifer, Non-Service User, England.

“It is too heavily influenced by a small group of very privileged breastfeeding mothers who appear to shape the parenting experiences of others when it comes to infant feeding.”

Alison, Non-Service User, England.

“I feel so frustrated at lack of empathy in mainstream media and politicians making assumptions about what constitutes an “in need” family. It’s these really gross ideas of deserving and undeserving poor being decided by people in huge privilege and with little insight into this world “

Rebecca, Social Worker, Scotland.

“I understand the public health message is Breast is Best, however, the reasons for someone using formula milk instead of breastmilk are varied and private. I think it’s unbelievable that access to food for a baby is being limited because of stigma around formula milk and the incredible privileged view of a small group of people. Also, the families needing to access foodbanks are vulnerable and experiencing a level of poverty that the people making these decisions will never understand”

Martha, Social Worker, Scotland.

“I think it is a very privileged point of view to impose breastfeeding on a group of people by depriving them of easy access to formula. Groups opposing this are also speaking on behalf of people who access foodbanks by deciding FOR them that they shouldn’t have access to formula instead of asking them and giving them the option. “

Alice, Social Worker, Scotland.

### *Policy and governance as a solution*

Policy was discussed as a solution in providing better resources, wider access and in educating the general public on such topics to avoid discrimination.

“I have worked in the 3rd sector, helping families in poverty for over 16 years. Education, financial and budgeting help is paramount to making any change. Child related benefits should be increased.”

Helen, Third Sector Organisation Development Worker, Scotland.

“Poverty is very real and policy must change to support the most vulnerable within our society.”

Samantha, Service User, Scotland.

“... the government need to seriously give more to these [Food Banks] and there is no need for anyone to go hungry or be without basics.”

Emma, Non-Service User, Scotland.

“I think people have the right to have access to plenty of food, water, baby formula, clothes whatever if they are struggling, I feel there is not a lot of discussion about this topic and the government should really put some funding into this”

Rhona, Non-Service User, Scotland.

“We now see Feed guidelines as useful when we explain that babies can drink stage 1 until the age of 1.”

Kate, Baby Bank CEO, Scotland.



### *Education of the wider public*

Responders described a lack of awareness in the wider public about the level of need for support from third sector organisations for families living in food poverty. They also mentioned shame and stigma surrounding formula feeding at a societal level.

“[I WOULD LIKE] better education that such support is available and that no judgement is made for the reasoning behind the need to access such support”.

Georgie, Non-Service User, Scotland.

“A more supportive societal approach to formula!”

Alison, Non-Service User, England.

“It would be helpful if government level could address the wider issues but we are here while that debate takes place.”

Kate, Baby Bank CEO, Scotland.

### **Theme 7: The right and wrong feeding choice**

A “correct” way to feed a baby was referenced in 22% of all responses. Of these, 16% explicitly referenced a correct way of feeding, specifically referring to ‘breast is best’. No service users explicitly referenced a correct feeding method but 20% service users alluded to this idea indirectly. The inquiry questions did not mention breastfeeding, yet 3% responders volunteered that they breastfed their infants; of these 66% were non-service users, 17% were professional and 17% were service users.

#### *There is a correct way to feed*

The idea that there is a more desirable or correct way to feed an infant was directly referenced by 5% of professionals and 4% of non-service users. This wasn’t necessarily referred to as the individuals viewpoint, more so that this viewpoint exists.

“One [Health Visitor] told me 'we cannot be seen to be encouraging feeding a baby the wrong way' - we were discussing a baby who was five months old and had not been breastfed. The Mum had no way of feeding her baby outwith formula and this was being denied by a senior NHS staff member”

Kate, Baby Bank CEO, Scotland.

“NHS workers should be wholly supportive towards third sector organisations in the provision of formula. We understand the campaign of breast is best, but we also understand that breast is not always possible and there should be absolutely no level of discrimination towards any organisation supporting families in food poverty, however that looks.”

Nicola, Baby Bank Manager, Scotland.

Of note, one specific example was given of when formula feeding is the ‘correct’ way to feed.

“Mothers with HIV are advised at present to use infant formula as there have been studies that show a very small risk to the baby if they were to breast feed. We provide infant formula for one year.”

Zara, Third Sector Organisation Worker, Scotland.

Service users (20%), non-service users (19%) and professionals (18%) referenced formula as a second option, i.e., formula feed when you can’t breastfeed, or offered justification for formula feeding.

“A lot of mothers physically cannot breastfeed...you can’t tell me someone would rather pay around £10 for a tin of milk, when you could have free, on demand liquid gold, which you don’t need to worry about making up”

Pam, Non-Service User, Scotland.

“All babies need fed and if it isn’t able to get milk from its mother then it needs to get food via formula”

Marie, Non-Service User, Scotland.

“So many mothers choose not to breastfeed due to choice or medical reasons”

Hayley, Non-Service User, Scotland.

“It’s a woman’s right to formula or breastfeed. Various reasons prevent women from breastfeeding”

Bryony, Non-Service User, Scotland.

Some responders defended the feeding method of the mother with reference to it not always being a true choice. Some offered reasons that either they did not breastfeed or that a mother might choose to not breastfeed.

“Formula is expensive and not always budgeted for, especially if a mother had planned to breastfeed but has not been able to do so.”

Shona, Non-Service User, Scotland.

“Very important for young infants to receive the nutrition and supplements that some mothers cannot give them e.g. mothers who cannot breastfeed”

Kayleigh, Non-Service User, Scotland.

“I feel that formula is the only way some mothers can feed their babies not due to their own choice i.e. health and other issues”

Molly, Non-Service User, Scotland.

“Mum gave birth and through her own personal trauma could not breastfeed”

Diane, Baby Bank CEO, England.

“...there are many cases of women either requiring it [formula] to top up or requiring it due to a biological reason. It's not always a choice”

Melanie, Social Worker, Scotland.

### *Controlling a woman's choice or autonomy*

The concept that limiting options is a form of controlling a woman's infant feeding choice was identified.

“Trying to control the way a mother chooses to feed her baby by taking away access to an option is mind boggling”

Martha, Social Worker, Scotland.

“The fact that this is even a discussion is disgusting to me. Yet again, folk thinking they can do what they want with women’s rights and bodies. How? How is this anyone’s bloody business?”

Julie, Social Worker, Scotland.

“In what we consider to be a civilised democracy why are families being told that women can only have autonomy over their own bodies if their finances are stable?”

Philippa, Social Worker, Scotland.

“We believe that every woman has the right to make their own choice about their bodies and how they choose to feed their child”

Gillian, Baby Bank Worker, Scotland.

#### *Shame around incorrect feeding choices*

Some respondents explicitly identified that there is a stigma around formula feeding or expressed the feeling that formula feeding is punished.

“Stop mums feeling shamed for formula feeding and health visitors [need to] having a better understanding of formula feeding”

Felicity, Non-Service User, Scotland.

“In lots of circumstances a mother’s milk is the best milk source for an infant but reasons for formula feeding our babies are vast and no family or baby should be penalised for this”

Nina, Non-Service User, Scotland.

“It seems entirely unfair that if you manage and want to breastfeed you get support however if you can’t afford formula milk you get ‘you are a bad parent’ treatment and social work are called.”

Kate, Baby Bank CEO, Scotland.

“Formula feeding should not be stigmatised as this needs to be parental choice.”

Janice, Social Worker, Scotland.

## Theme 8: Current best practice and professional standards

### *Current standards: WHO / UNICEF*

Of the responders who directly mentioned current UNICEF guidelines on formula provision at food and baby banks, all did so with regards to them being a barrier. They were indirectly mentioned as a protective factor by one health care worker. There was one professional who demonstrated knowledge of the WHO code and its role with regards to advertising / marketing of formula milk.

“I support the view that formula should not be advertised at food banks.... However, there is a difference between stocking it and having a neon sign advertising it.”

Melanie, Social Worker, Scotland.

### *Current examples of best practice: formula knowledge*

The organisations that responded to the inquiry, directly involved in providing infant formula, demonstrated the knowledge they have on infant feeding and of working with families living in food poverty in their replies. They provide examples of best practice and professional judgement which could be adopted and disseminated in a safe way.

“Two weeks of formula, only brand and stage requested on application from professional. We also supply cleaning and sterilising equipment, bottles and teats correct for stage. Delivered usually within 24-48 hours sooner if emergency “

Tina, Baby Bank Volunteer, Scotland.

“We are able to provide the formula baby is already on, or purchase it if necessary. We have access to our local infant feeding board for advice and we can if we feel necessary signpost to breast feeding and infant feeding support groups”.

Diane, Baby Bank CEO, England.

“we only offer the cheaper supermarket brands so that we can support more families- knowing the milks are identical in ingredients (checked on websites and with health professionals)”

Wendy, Food Bank Volunteer, England.

“[we] received grants .... both in wave 1 and wave 2 funding rounds. These grants have enabled us to buy formula, baby food and nappies... We had noted that many families rely on bottled or pouch food which is more expensive than homemade food. We have therefore started a blender project which provides a family with all they need to wean their child using home cooked food instead of jars or pouches”

Mary, Baby Bank Volunteer, England.

“We do get donations in but will only give the correct formula out. If we don't have it we will buy it.”

Ciara, Food Bank Volunteer, Scotland.

### *Current examples of best practice: good working relationships*

The need for good working relationships between health boards and third sector family support organisations was identified by 33% of professionals, either by stating this directly or by discussing the role of referral agencies and signposting. Responders demonstrated that local knowledge of services to support families living in formula poverty and good communication between organisations is vital in order to support these families.

“I work with and have supported families who through a number of socioeconomic and personal circumstances find themselves requiring support to factor in all the essentials having a baby brings. I work in conjunction with our local health board to provide sterilising equipment, bottles and formula for mothers who are living with HIV. “

Zara, Third Sector Organisation Worker, Scotland.

“We work with a body of healthcare professionals on a referral basis to help support families living in poverty. We work closely with the professionals to garner a full understanding of the age and needs of each child relying on formula milk to ensure we provide the essential items they need”.

Gillian, Baby Bank Worker, Scotland.

“As an organisation, we are in a fortunate position that we can provide infant formula in a crisis. We also have strong working relationships with the Family Nurse Partnership and local health visitors who can also offer support to families living in food poverty”

Ruth, Youth Worker, Scotland.

“We work directly with family support workers who have access to more information and can advise the families on what they are entitled to”

Rose, Baby Bank CEO, England.

“We have professional referrals from support systems that know family circumstances. An efficient system, set up through weeks of hard work”

Carol, Food Bank Manager, Scotland.

Two baby banks who responded described how relationships with members of the local health boards had soured due to their organisations different approaches to implementing optional guidelines. It is not clear what the impact of this has been on working relationships between the organisations, or on the provision of emergency support services to families in need.

“We have had several heated conversations with Lead Nurses and Lead Family Nurses around formula”

Baby Bank CEO

[Pseudonym redacted to protect location of Baby Bank].

#### *Current examples of best practice: general support and variety of services*

There were a number of examples of the positive impact of food and baby banks submitted.

“Personally I couldn’t be more grateful. Someone taking the time to answer the phone in my time of need. To disregard my embarrassment and give me options and solutions”

Jasmin, Service User, Scotland.

“They [BABY AND FOOD BANKS] are a great resource for help and support for families”

Amanda, Service User, Scotland.

“Integral part of the community and support a vast amount of people that otherwise may suffer even further without their help and support”

Bryony, Non-Service User, Scotland.

“They help by giving people access to the right care and support”

Angela, Non-Service User, Scotland.

## **There are solutions**

Responders offered a number of potential solutions for better supporting families living in food poverty and maximising access to infant formula. These broadly fell into three categories: increasing access to formula, making formula more affordable and increasing support for families in crisis.

### **Maximising access to infant formula**

The most common suggestion for maximising access to formula for families living in food poverty was to ensure infant formula is readily available at food and baby banks. Other routes of access suggested by responders included direct provision from healthcare providers (Health Visitors, GP’s or Midwives) and social workers, formula vouchers, or a pharmacy provision scheme similar to the Minor Ailments scheme. Responders suggested healthcare workers could refer families to food or baby banks for formula provision, that the NHS and third sector organisations should work together, and that guidelines and policies around provision of formula to babies living in food poverty should be fit for purpose.

### **Making formula more affordable**

Solutions for tackling the affordability of infant formula were having a non-branded, generic formula available via the NHS and increasing the availability of smaller, therefore cheaper, tubs.

### **Increasing support for families in crisis**

Responders made a number of suggestions as to how families could be better supported. Providing education on food poverty, including information on where and how to seek support, during the antenatal period was suggested as a way to ensure families had the relevant information should they need it, as well as a means of tackling the fear of asking for help. One responder felt that more societal support for formula feeding would reduce the stigma associated with seeking help and access to formula. More general infant feeding education and support for families with young infants, including a 24/7 helpline accessible via phone or text was also suggested.

As well as the emotional and physical support, responders suggested increasing financial support for families; free formula for families on low incomes, increasing eligibility for benefits and more state support through government schemes.



## Discussion

### General Overview

Our inquiry had 172 responders, which is on par or higher than similar government led inquiries<sup>7</sup>. Responders included professionals with a variety of expertise in supporting families living in food poverty (responding as individuals or on behalf of their organisations), food and baby bank users and the general public. The variety of responses supports the validity and robustness of the inquiry. We acknowledge that there was likely a degree of responder bias in the selection method, given that the questionnaire was shared on a social media platform engaged in supporting formula provision at food and baby banks and we made steps to mitigate against this by sharing on social media pages specifically for baby banks, some of whom supply formula and others who do not, and directly with food and baby banks and other third sector family support organisations. We would have liked to see more representation from local authorities and public health professionals, but overall we were satisfied with the range of responses, most notably from people with lived experience of using a food or baby bank.

### Food and baby banks should be supported in direct provision of formula

The key finding of the inquiry is that the overwhelming majority of responders – professionals, service users and non-service users alike – believe that food and baby banks should be supported in directly providing first infant formula to formula feeding families living in food poverty.

It is evident in the responses that families will continue to turn to food banks for support in accessing food for their formula fed infants, and that many food and baby banks will continue to provide formula for these families, despite the barriers faced. The importance of good working relationships between local authorities, healthcare agencies and food and baby banks, and the development of robust and consistent pathways for families in need of formula was identified. This need was echoed by volunteers working within support organisations, health and social care workers wishing to refer to such organisations, and families who are service users themselves. Alongside this, it was recognised that while food and baby banks are a key route for access to infant formula and other foodstuffs, they are not a long-term solution to food poverty. Respondents recognised the need for systematic change to help families by addressing the wider issues surrounding poverty.

### Babies have a right to be fed

An infant's human right to food was identified as a key theme in our inquiry. In particular, this was identified by service users and non-service user, although a number of professionals also highlighted this. It was also predominantly service users who commented on the innocence of infants. There appeared to be a feeling of moral injustice that some infants were better protected than others.

These responses could indicate a disparity in priorities, in that the priority of a professional working on behalf of an organisation is to support families within their remit; it is not the responsibility of one professional to ensure an infant's human right to food, but that is a priority of the infant's parent or carer. This may be why less immediate or timely solutions to food emergency is proposed by organisations such as UNICEF UK<sup>4,11</sup>, as their responsibility is to the population, not the individual. The downside of this is that babies may be placed at further risk while official channels seek to access formula. Indeed, the Feed report<sup>8</sup> highlighted that the human right to food must be prioritised to ensure pathways for accessing formula food are suitable for families in food poverty.

Despite the moral obligation to ensure an infant's right to food, there is currently no legal obligation to ensure infants have adequate nutrition. If the right to food were to become a legal obligation in the UK, rather than a moral driving force for policy change, then policy would need to be revised promptly to avoid legal reprimand for leaving an infant without access to food. This would however, call into question who would be accountable. In the present inquiry, the majority of responders feel that there should be robust referral pathways and cooperation between organisations to ensure babies are not left without food and that the accountability should lie with local authority, healthcare or national government.

### **Poverty can happen to anyone**

The representation of experiences of poverty across all of the responses highlights an understanding from both professionals and the general public that poverty can happen to anyone at any time given a set of circumstances. The COVID -19 pandemic has clearly brought many families closer to the breadline. Recent data from The Legatum Institute shows that the number of people in poverty has increased throughout the pandemic, and the worst affected are working adults<sup>14</sup>.

A greater number of professionals mentioned poverty in their inquiry responses, as compared to service users. This may be due to individual service users speaking from their own experience, whereas professionals who work with families in crisis are speaking from the viewpoint of working with hundreds of people living in poverty. Further, service users may not identify themselves as living in poverty. Indeed, many will need a short term support from food or baby banks and thus may use other definitions or terms to describe their economic position.

The benefits system was more likely to be mentioned by service users than professionals, and both groups identified the inadequacies of the system and the need for improvement from the top down in order to tackle poverty and formula poverty more widely.

### **It's not just about meeting a need for food**

The present inquiry identifies the negative emotional impact of living in food poverty, thus increasing access to food, including formula for formula fed babies, is not only a consideration in terms of food provision.

The largest cohort of responders to comment on the negative emotional impact of food poverty were food and baby bank workers. Staff and volunteers at food and baby banks see the impact of food poverty in hundreds of families as they work on the front line and do not have negative social consequences for reporting poor mental health outcomes in service users. Service users who commented on the negative emotional effects of food poverty mainly referred to others. This may be due to a belief that reporting poor mental health outcomes may have negative social consequences, unlike staff and volunteers in food and baby banks. Perhaps those experiencing the most negative impacts of food poverty themselves were unable to complete the survey or do not define themselves by these terms. Alternatively, staff and volunteers at baby and food banks could be over representing the negative impact of food poverty on mental health.

Our findings are in agreement with previous studies that report that people living with food insecurity are at increased risk of mental health concerns; food insecurity is associated with a 257% higher risk of anxiety and a 253% higher risk of depression<sup>15</sup>. However, we acknowledge there are many factors that play into the mental wellbeing of those who use food banks. Our data suggest that practical food provision meets a physical need for hunger but also has an indirect consequence of reducing distress in parents. Consequently, not providing formula to formula fed infants in food poverty may prolong emotional distress.

### **Judgement and fear of asking for help**

Despite not being asked directly about their opinions on feeding method and whether or not there is a correct or incorrect feeding method, a large proportion of responders made reference to this in some way. Responses echoed the finding of a recent study that found trying and failing to breastfeed is more morally acceptable than formula feeding from birth, and that alternative feeding methods are often perceived as wrongful<sup>16</sup>.

It appeared that responders to the present inquiry extended sympathy to those who had tried to breastfeed and failed and then required formula from a food bank, inadvertently highlighting a perception of correct verses incorrect feeding methods.

Also highlighted in the inquiry responses was the concept of fear of repercussion for people living in poverty with children who may need help. Mothers frequently experience social pressures to breastfeed through synonymous associations with 'good mothering' which can lead to feelings of guilt, failure, fears of being judged and inhibition of help seeking behaviour<sup>16</sup>. Thus, the additional consideration specific to the present issue, is that if families feed their infants formula, which is perceived as incorrect, this may add further stigma and thus further deter families from asking for help. This poses the problem that the families who may benefit most from support are the least likely to seek it out. A key way to address this, like one of the responders suggested, is to encourage a greater societal acceptance of formula feeding and of food poverty in general.

### **Policy is a barrier to support**

Current policies and guidelines around infant feeding, formula provision and poverty, were considered a barrier by all of the responders to our inquiry who discussed them. There was a

positive outlook in that responders expressed potential for change in order to improve the current set up.

The notion of injustice was highlighted, predominantly by service users and by some professionals, specifically social workers. The belief expressed is that one group of infants are being neglected in some way to hypothetically protect another group of infants, and this has resulted in unequal access to food. The concept that current policies and guidelines are a barrier to families accessing formula for formula fed babies in food poverty was expressed in terms that anyone can go to a food bank for nutrition except a formula fed baby. A proportion of responders deemed current UNICEF UK guidelines<sup>4</sup>, that recommend food and baby banks do not directly provide formula for formula fed babies in food poverty, to be discriminatory. The possibility that policy aimed at restricting formula provision by food banks is an indirect way of controlling parental infant feeding choice was noted by responders.

As UNICEF point out, “good nutrition is the bedrock of child survival and development”. Yet their guidelines<sup>4,11</sup> risk denying infants emergency nutrition in a crisis in order to mitigate against the hypothetical risk to the infant by supplying formula. This was noted by a proportion of the responders and is conceptualised well by this quote:

*“Living in poverty should not mean your baby needs to starve when there are so many organisations willing to help... all because of one set of guidelines”.*  
*Kate, Baby Bank CEO, Scotland.*

It is important to highlight where responders felt that guidelines could help. Providing a set of standards for food and baby banks on the provision of infant formula would ensure an equity of access for all with no delay, no further damage to mental health and no postcode lottery that many currently face. Guidelines that support the direct provision of infant formula would not only ensure the concerns highlighted by UNICEF UK are mitigated as much as is possible, but it would also give support to the volunteers in providing a framework for them to refer to. Instead of implementing guidelines that inevitably lead to a reduction in autonomy, policy makers should work together with people living in poverty to maximise avenues of support, opportunity and equity of access to food. Feed developed guidelines<sup>17</sup> for direct provision of infant formula by food and baby banks in 2020, which have been endorsed by multiple baby banks and incorporated into their standard operating procedures. This of course does not mean that all food and baby banks have to provide infant formula, but it would give them the option of doing so in a safe and dignified way.

The responses to the inquiry acknowledge that food and baby banks are not the solution to formula poverty, they are a response to it, and ideally food banks would not be required at all. There was a broad agreement by responders that the government must address the issue of poverty in its broadest form.

### **Concerns are focused on safety**

Concern about the risk to infant, and the families of the infant, when formula is not readily available or easily accessed was a key theme highlighted in the present inquiry. These

concerns were voiced by all groups including, perhaps significantly, by every social worker who responded. The risks described by responders echoed those highlighted by the Feed report which suggests these are not hypothetical but lived experiences and are a reality for many families. The immediate risks of difficulties in accessing formula are related to the unsafe infant feeding practices families are forced to employ. These include;

- Watering down feeds to make them last longer or not following safe practices
- Stretching out time between feeds resulting in under feeding the infant
- Adding solids to bulk up feed
- Early introduction of weaning
- Early introduction of cow's milk
- Use of a formula type that is inappropriate
- Buying formula via illicit means
- Breastfeeding when it is contraindicated

Our findings echo those of the APPGIFI Inquiry in 2018<sup>7</sup>, which also found that families are forced to resort to unsafe infant feeding practices when the cost of infant formula is prohibitive. This is concerning because infants who experience unsafe feeding practices can have profoundly poor short- and long-term health outcomes. These include allergies, anaphylaxis, choking, failure to thrive, vitamin and mineral deficiencies, renal impairment, obesity, diabetes, hypertension, and poor cognitive development<sup>18</sup>.

Only 2 responders suggested that food and baby bank staff or volunteers do not have the required expertise to provide formula. These responses echo the concerns of UNICEF UK as stated in their guidelines on formula provision for food and baby banks<sup>4</sup>. In these guidelines, UNICEF UK recommend against the direct provision of infant formula by food and baby banks to formula fed babies in food poverty. They are concerned that food and baby bank staff and volunteers do not have sufficient expertise in order to support families with formula fed babies, and also express concern that food and baby banks can't guarantee a timely or consistent supply of infant formula.

Food and baby bank staff who responded to the present inquiry, felt well equipped to offer formula and that they had the required expertise to do this. They describe being able to provide the specific formula that a parent requests and that they have processes in place to source formula they may not have. Food and baby banks staff and volunteers also gave examples of providing feeding support that their service users were struggling to get elsewhere. This was echoed by service users who also described feeling that official avenues for infant feeding support has gaps, particularly when it comes to information on formula.

The stark contrast in perception about the expertise of food and baby bank staff in providing formula raises two interesting questions; firstly, what expertise is required in order to provide a formula feeding parent with formula, and secondly, why is there such a difference in the concerns of organisations like UNICEF UK, and parents and professionals who experience the consequences of food poverty in their everyday lives?

To address the question of expertise, we can consider; what expertise is required to provide a parent with the specific product they have asked for? To adequately answer this, we need to clarify what role we expect food and baby bank staff and volunteers to play; provision of

formula and/or support with infant feeding. The responses to the present inquiry from service user demonstrate that families using food and baby banks require the product of formula, they don't mention needing help with the practice of feeding formula at all. If the family were not living in poverty then they would simply go to the supermarket and buy formula. The supermarket does not provide a special education on formula, or provide infant feeding information, so it is unclear why there is a perception from UNICEF UK that food and baby bank staff and volunteers need the expertise to be able to provide infant feeding support<sup>4</sup>.

It is Feeds position that food and baby banks workers should have sound knowledge of advertising and food standards; such as rotating stock to ensure sell by dates are not missed, no advertising or display of infant formula and safe storage. We also feel that they should have a good knowledge of local infant feeding support services in order to signpost women and families who do need further support to the right organisations.

The responses to the present inquiry from food and baby bank staff and volunteers show that the majority of food and baby banks can provide formula and are able to signpost women to infant feeding support services if required. Responders who work in food or baby banks also highlight the importance of maintaining good working relationships with local authorities, health boards and other third sector organisations so that each can work within their remit and area of expertise to ensure a rounded support.

### **There are solutions**

The responses to the present inquiry highlighted that food and baby bank volunteers feel well equipped to support families with young infants living in food poverty. Indeed, they provided examples of effective measures of support for all feeding methods. These ranged from simply providing formula, in much the same way as a supermarket or grocer provides any staple to a consumer who needs it, right through to provision of formula feeding and breastfeeding equipment, infant feeding support, and even a weaning programme including the provision of a blender. There are a wealth of initiatives currently implemented in local areas that, if coordinated on a larger scale and properly supported, could provide a solid foundations on which we could develop best practice initiatives for supporting families with infants living in food poverty.

Further to this, responders offered a number of solutions that focused on supporting families, both emotionally and financially, destigmatising formula feeding and food poverty, making formula more affordable, and maximising access to formula.

## Conclusion

The present inquiry provides evidence that direct formula provision by food and baby banks is common and that it is overwhelmingly supported by families living in food poverty who use these services, the professionals who support them, and the general public. The inquiry also presented evidence of the barriers people living in food poverty face and the responses received have enabled the development of a series of recommendations for tackling these issues.

UNICEF UK express concern over the risk of formula provision resulting in their recommendation that food and baby banks should not provide formula to formula fed babies in food poverty<sup>4,11</sup>. However, as evidenced in the present inquiry, the concerns of the people who are living in food poverty, or who are supporting those living in food poverty, are in direct contrast to those of UNICEF UK. The overriding concern expressed by responders to the inquiry is that when formula is not available at food or baby banks it increases the delay in accessing food for babies who need it. Further, again in direct contrast to the concerns of UNICEF UK that food and baby bank staff do not have the required expertise to be able to provide infant formula, the responses to the present inquiry exemplify the extraordinary achievements of third sector organisations in supporting families with infants living in food poverty, including in direct provision of formula to those who need it. The creativity and entrepreneurial achievements, particularly of the baby bank staff is commendable. They have developed robust working models as well as safe and replicable practice in a variety of ways without the help of large organisations or official bodies. The efforts of health care professionals to do whatever it takes to support the families in their care was also very evident in the responses received and is commendable.

Unfortunately, the responses to the inquiry show that more needs to be done to tackle the issue of access to formula, and the wider issues of poverty. Current initiatives, and innovative ideas offer potential solutions to the problem but ultimately it will require working together. Combining the efforts of the NHS, social services, government and third sector organisations is required to improve the support of infants in poverty.

We have the resources, the expertise and the ability to expand access to formula for formula fed babies in food poverty. Let's work together to do so for the families in our care.

## Recommendations

### **Recommendation One: maximise safe formula provision routes**

Organisations who support families living in food poverty should implement initiatives that maximise safe pathways of infant formula provision for formula fed babies living in food poverty.

It is clear from the responses to the present inquiry that infant formula is being distributed from food and baby banks to formula fed babies in need, and that due to critical need this practice will continue. In order for this to be done safely, and in a way which respects agency and autonomy of families, health, social care and third sector organisations must work together to develop adequate formula provision pathways.

#### **Pilot new initiatives**

We recommend a pilot scheme of free formula provision be implemented in Scotland, drawing on the existing knowledge and experience of third sector organisations who are currently providing formula.

#### **Formula provision at local pharmacies**

A popular suggestion from inquiry responders was free formula provision at local pharmacies. This could be a viable option as it would remove the reliance on food and baby banks for infant formula, ensure the infant receives the formula they are currently on and would have a degree of oversight from a pharmacist. We do caution that should this be implemented it is important to recognise the agency of a parent accessing free infant formula; had they £10 in their pocket they could purchase whatever formula they choose without interference. People in poverty have the same right to choice and autonomy than those with the means to pay.

#### **Professional standards development**

The responses to the present inquiry demonstrate the significant achievements of third sector organisations in meeting the needs of families in crisis. Despite this, Health Boards remain reluctant to allow their staff to refer or signpost families to such organisations for much needed support. To remedy this and ensure access to formula is maximised, a set of professional standards for safe formula provision to which food and baby banks can choose to adhere should be agreed among stakeholders.

### **Recommendation Two: create policies that meet families needs**

Public bodies, in particular health and social care providers, must fully assess the policies and guidelines they choose to adopt to ensure they meet the needs of the families they care for.



It was clear from the responses to the present inquiry that the current guidelines on formula provision at food and baby banks – namely the UNICEF UK guidelines that recommend against direct provision – have had a detrimental impact at multiple levels. That these guidelines have been widely adopted in their original form by Health Boards across the UK and used as a tool to prevent third sector organisations from providing food to formula fed babies in a safe and efficient way is extremely concerning. Thus, we strongly recommend that health and social care providers do not fetter their discretion by the application of policies which may result in external bodies dictating their judgement as to what is allowed in terms of formula provision to formula fed babies in food poverty. Where merited, public health and social care organisations must consider deviating from the UNICEF UK guidelines to meet the needs of the babies under their care.

### **Recommendation Three: implement Feed report recommendations**

Implement the recommendations made in our report on The Provision of Infant Formula at Foodbanks in the UK, published in December 2020.

In our previous report we made a number of recommendations in order to improve access to formula for formula fed babies in food poverty. We reiterate those recommendations below:

- The government must take immediate action to clarify the current law on the provision of infant formula at food and baby banks.
- Food and baby banks and other such services should accept and provide First Infant Formula to parents and carers of formula fed babies up to one year of age.
- The Government must take immediate action to remove current barriers to formula access.
- The government must continue to invest in longer term solutions to child food poverty.
- Guidance should allow for safe direct provision of first infant formula for formula fed babies in need and ensure equity of access for all

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# Appendices

## **Appendix 1:**

### Questionnaires

#### **Questions for service users and the general public**

Thank you for taking part in our inquiry. Feed and Aber Necessities particularly want to hear from families who have sought help in getting infant formula for their infants.

Our focus is on the ability of families facing food insecurity to access infant formula milk and the impact of this on the health, well-being and finances of formula feeding families. We would like to gather as much information about your experience as possible and are happy for submissions to include any relevant information; please indicate any quotes and/or relevant references.

To contribute to the inquiry, please read the participant information and then complete the form below.

The deadline for submissions is Friday 30th October 2020.

We greatly appreciate your time in responding to our inquiry, thank you.

Name \* If you prefer not to give your name please write your initials in the boxes.

Postcode \* Please tell us the first half of your postcode only e.g. KA11

Email

Password Please provide a password so that in the event that you wish to withdraw your submission we can identify it.

Have you used a food bank or baby bank? \* Yes/No

Q1. To what extent are food and baby banks required in supporting families living in food poverty?

Q2. To what extent are food and baby banks required in supporting formula feeding families living in food poverty to access infant formula?

Q3. Have you encountered any barriers in accessing infant formula for your baby? Please describe your experience.

Q4. Did you get enough financial support, for example via the benefits system, an emergency loan or through schemes such as Healthy Start or Best start, to cover the costs of your family's food requirements including infant formula?

Q5. For formula feeding families living in food poverty who have no recourse to public funds, what solutions could be implemented to help them access infant formula for their formula fed babies? (No recourse to public funds means that a family are not eligible for state support such as benefits, crisis loans or other publicly funded financial aid.)

Q6. Please tell us about anything else you feel is relevant to our inquiry. We are particularly interested in your personal experience in accessing infant formula, but we welcome all comments and suggestions.

Are you willing to be contacted to discuss your submission? \*

If you are happy to be contacted, please let us know the best way in which we can do so.

I confirm that I have read and understand the participant information and have taken part in this inquiry on a voluntary basis, \*

### **Questions for staff, volunteers and professionals working with families in need**

Together with Aber Necessities, Feed have launched an inquiry into the accessibility of first infant formula for those experiencing food poverty or insecurity.

We want to hear from staff and volunteers and health and social care professionals who work in partnership with, or refer families to third sector support organisations in order to gather experiences and information.

Our focus is on the ability of families facing food insecurity to access infant formula milk and the impact of this on the health, well-being and finances of formula feeding families. We are happy for submissions to include any relevant information; please indicate any quotes and/or relevant references.

To contribute to the inquiry, please read the participant information and then complete the form below.

The deadline for submissions is Friday 30th October 2020.

We greatly appreciate your time in responding to our inquiry, thank you.

Name \* If you prefer not to give your name please write your initials in the boxes.

Postcode \* Please tell us the first half of your postcode only e.g. KA11

Email

Password Please provide a password so that in the event that you wish to withdraw your submission we can identify it.

What is your job title and/or role? \*

What organisation or local authority do you work for? \*

Are you responding to this inquiry as an individual professional or on behalf of your organisation? \*

Q1. To what extent are food and baby banks required in supporting families living in food poverty?

Q2. To what extent are food and baby banks required in supporting formula feeding families living in food poverty to access infant formula?

Q3. In your professional role, by what means are you able to support formula feeding families living in food poverty to access infant formula?

Q4. What are the pros and cons of providing money or prepaid vouchers to families for purchasing infant formula?

Q5. For formula feeding families living in food poverty who have no recourse to public funds, what solutions could be implemented to help them access infant formula for their formula fed babies? (No recourse to public funds means that a family are not eligible for state support such as benefits, crisis loans or other publicly funded financial aid.)

Q6. Please use this space to tell us about anything else you feel is relevant to our inquiry. We are particularly interested in your personal experience in supporting families.

Are you willing to be contacted to discuss your submission? \*

If you are happy to be contacted, please let us know the best way in which we can do so.

I confirm that I have read and understand the participant information and have taken part in this inquiry on a voluntary basis \*

## **Appendix 2:**

### **Participant Information Sheet**

#### **What is the inquiry about?**

We invite you to participate in an inquiry that aims to gather information on the accessibility of first infant formula for those experiencing food poverty or insecurity, and to look at some of the factors that influence that accessibility.

#### **Do I have to take part?**

This information sheet has been written to help you decide if you would like to take part. It is up to you and you alone whether you wish to take part. If you do decide to take part you will be free to withdraw at any time without providing a reason, and with no negative consequences.

#### **What would I be required to do?**

You will be asked to complete a questionnaire which contains 6 questions that we anticipate will take anywhere from 5 – 30 minutes to complete, depending on the level of detail you provide.

#### **Are there any risks associated with taking part?**

There are unlikely to be any risks associated with taking part. However, the survey does ask questions about accessing infant formula when experiencing food insecurity or food poverty and therefore may cause emotional distress to those who found their experience challenging.

#### **Informed consent**

It is important that you are able to give your informed consent before taking part in this survey.

#### **What information about me ('my data') will you be collecting?**

The inquiry requests your name but if you are not comfortable providing this information you can supply your initials instead. We also ask for your email address but this is entirely voluntary and not required to participate in the inquiry. We also ask for non-identifiable demographic information on your geographical location so we can get an idea of the factors influencing access to infant formula across Scotland.

**How will my data be securely stored, who will have access to it?**

The survey responses will be stored in a secure in line with the General Data Protection Regulation (GDPR), and only Feed staff members directly working on the inquiry will be able to access it following anonymisation by the lead researcher.

**How will my data be used, and in what form will it be shared further?**

Your data will be analysed as part of the inquiry analysis which will be published in an online report. We may publish quotes and comments that you provide both in our report and across our social media platforms, but we will never identify the source of any quote or comment published.

**When will my data be destroyed?**

Your data will be stored and processed in the United Kingdom and the provisions of the data protection law apply at all times. The data will be destroyed on completion of our #FormulalsFood campaign, or immediately upon request, in line with the GDPR.

**Will my participation be confidential?**

Yes, your participation will only be known to the lead researcher at Feed who will have access to the raw data collected and who will anonymise all data prior to sharing with other staff members. If you agree to be contacted regarding your submission your contact details and the details of your submission will be shared with Feed staff only for the sole purpose of contacting you. Nobody outside of our organisation will have access to your data.

**Use of your personal data and data protection rights**

Feed are bound by the UK 2018 Data Protection Act and the General Data Protection Regulation (GDPR), which require a lawful basis for all processing of personal data (in this case it is the 'legitimate interests' – namely, for research purposes and for which we have undertaken a legitimate interests assessment) and an additional lawful basis for processing personal data containing special characteristics (in this case it is 'public interest'). You have a range of rights under data protection legislation which we will uphold at all times.

**Ethical Approval**

No ethical approval has been sought for this inquiry.

**What should I do if I have concerns about this inquiry?**

You are encouraged to raise any concerns with us by emailing [fifinquiry@feeduk.org](mailto:fifinquiry@feeduk.org)

**What should I do if I want to withdraw from the inquiry?**

To withdraw from the inquiry please email [fifinquiry@feeduk.org](mailto:fifinquiry@feeduk.org) stating your name/initials, the first half of your postcode and the password you entered when you completed your response.

To participate please select the most relevant option from the two options below by clicking on the pink button. You will be directed to a form via which you can submit your responses.

**The deadline for submissions is Friday 30th October 2020.**

We greatly appreciate your time in responding to our inquiry, thank you.